

Name of Person Updating Information: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
ATLAS Number (if applicable): _____

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

Name of Petitioner/Plaintiff

CASE NUMBER: _____

ATLAS NUMBER: _____

Name of Respondent/Defendant

UPDATE INFORMATION ON

☐ ADDRESS and/or ☐ NAME

NOTICE: Please make sure that you fill out the name and address information at the top of the form and fill in **both** parties' names.

I UNDERSTAND:

1. This Notice is to tell the Clerk of the Court that my address and/or name has changed. This form **cannot** be used if I want to legally change my name.
2. Address and name changes that are not sealed or confidential will be entered on both the support payment and the court's automated system, and will be made public record, which means the information will be available to the public.
3. I may only submit changes for my own address and name.

INFORMATION I WANT TO CHANGE: (PLEASE PRINT)

My name was: _____

My current name is: _____

My old address was: _____
(Street Address, City, State, Zip Code)

My new address is: _____
(Street Address, City, State, Zip Code)

My new mailing address is: (if different than above) _____
(Street Address, City, State, Zip Code)

There is an order for payments through the Clerk of the Superior Court for:

- ☐ Child Support and/or Spousal Maintenance/Support (**Fax this form to 602-506-1937**)
☐ Restitution (**Fax this form to 602-506-5127**)

For all other updates, fax this form to 602-506-7684.

I declare under penalty of perjury that the foregoing information is true and correct.

DATE: _____

Signature of Person Requesting Change

INTERNAL USE ONLY: Change made to the following systems:

☐ ACS/Docket ☐ Child Support ☐ RFR